



Reprinted
February 20, 2015

HOUSE BILL No. 1548

DIGEST OF HB 1548 (Updated February 19, 2015 3:25 pm - DI 77)

Citations Affected: IC 25-23.4.

Synopsis: Midwives. Removes the requirement that a direct entry midwife (midwife) have a collaborative agreement with a physician requiring that the midwife's client have a consulting physician. Requires a client to be examined by a physician who is qualified in obstetrics and gynecology at certain times during the pregnancy unless the client refuses and meets certain conditions. Extends the date: (1) by which a midwife is required to submit certain information to obtain an exemption from certain certification requirements; (2) relating to restrictions of use of the title "certified direct entry midwife"; and (3) after which practicing midwifery without a certificate is a felony. Requires certain information to be included in a midwife's disclosure form, client's records, and emergency plan. Requires a client's medical records that are prepared by the client's physician be provided to the midwife. Repeals certain provisions concerning physician collaboration.

Effective: Upon passage; July 1, 2015.

Lehe, Clere, Brown C, Frizzell

January 20, 2015, read first time and referred to Committee on Public Health.
February 16, 2015, amended, reported — Do Pass.
February 19, 2015, read second time, amended, ordered engrossed.

HB 1548—LS 7120/DI 77



Reprinted
February 20, 2015

First Regular Session of the 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

HOUSE BILL No. 1548

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 25-23.4-2-6, AS ADDED BY P.L.232-2013,
2 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 UPON PASSAGE]: Sec. 6. (a) The board shall, after receiving
4 information, proposals, or recommendations from the committee, do
5 the following:
6 (1) Establish as a requirement for certification as a certified direct
7 entry midwife the Certified Professional Midwife credentials
8 developed by the North American Registry of Midwives or a
9 successor organization.
10 (2) Subject to IC 25-1-8-2, establish fees to administer this article.
11 (3) Establish annual continuing education requirements to renew
12 a certified direct entry midwife's certificate, which must include
13 continuing education in pharmacology. The requirements
14 established under this subdivision must provide for at least fifteen
15 (15) hours of continuing education every twelve (12) months.

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(4) Develop a peer review procedure, using as guidelines the peer review procedures established by:

(A) the Indiana Midwives Association or a successor organization; and

(B) the North American Registry of Midwives or a successor organization.

(b) The board shall, after receiving recommendations from the committee, do the following:

(1) ~~In addition to the requirements under IC 25-23.4-5, adopt rules under IC 4-22-2 to provide for adequate collaboration between a certified direct entry midwife and a collaborating physician. Adopt forms required to be used under this chapter.~~

(2) Adopt rules under IC 4-22-2 that define the competent practice for certified direct entry midwives. Rules adopted under this subdivision must limit the practice of certified direct entry midwives to nonhospital settings.

(3) Adopt rules under IC 4-22-2 that establish standards for an emergency plan of care, including that a plan must allow for the timely provision of emergency care at a hospital.

(4) In addition to the requirements under IC 25-23.4-4-1(a)(6), adopt rules under IC 4-22-2 to set standards for determining the geographic area close enough to the planned location of the delivery to make ~~the collaborating~~ a physician a reasonable choice to provide backup care.

(5) In addition to the requirements under IC 25-23.4-5-1(b), adopt rules under IC 4-22-2 to establish standards or conditions that require additional review of a certified direct entry midwife's client encounters by ~~the collaborating~~ a physician.

~~(6) Adopt rules under IC 4-22-2 to determine the number of certified direct entry midwives with whom a physician may collaborate.~~

~~(7)~~ (6) In addition to the requirements under IC 25-23.4-6-1(b), establish the conditions that require a certified direct entry midwife to refer a client for an examination by a physician.

~~(8)~~ (7) Adopt rules under IC 4-22-2, establishing the health conditions that require a referral to a physician under IC 25-23.4-6-1(c).

(c) The board may not adopt rules to grant a certified direct entry midwife prescriptive authority other than the authority specified in IC 25-23.4-4-5.

SECTION 2. IC 25-23.4-3-1, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2015 GENERAL

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1 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2 UPON PASSAGE]: Sec. 1. (a) This section does not apply to an
3 individual who has a license under IC 25-23-1-13.1 to practice
4 midwifery as a certified nurse midwife and is practicing within the
5 scope of that license.

6 (b) After July 1, ~~2014~~, **2016**, an individual may not engage in the
7 practice of midwifery unless:

8 (1) the individual is issued a certificate by a board under
9 IC 25-1-5 and is acting within the scope of the person's license; or

10 (2) the individual has a certified direct entry midwife certificate
11 under this article; and ~~has a collaborative agreement with a~~
12 ~~physician as set forth in this article;~~

13 **(3) the client of the certified direct entry midwife has a**
14 **physician for her pregnancy, as provided by IC 25-23.4-4-1.**

15 (c) To become certified as a certified direct entry midwife, an
16 applicant must satisfy the following requirements:

17 (1) Be at least twenty-one (21) years of age.

18 (2) Possess at least:

19 (A) an associate degree in nursing, associate degree in
20 midwifery accredited by the Midwifery Education
21 Accreditation Council (MEAC), or other similar science
22 related associate degree; or

23 (B) a bachelor's degree;

24 from a postsecondary educational institution.

25 (3) Satisfactorily complete educational curriculum approved by:

26 (A) the Midwifery Education Accreditation Council (MEAC)
27 or a successor organization; or

28 (B) the educational equivalent of a Midwifery Education
29 Accreditation Council curriculum approved by the board.

30 (4) Acquire and document practical experience as outlined in the
31 Certified Professional Midwife credentialing process in
32 accordance with the standards of the North American Registry of
33 Midwives or a successor organization.

34 (5) Obtain certification by an accredited association in adult
35 cardiopulmonary resuscitation that is approved by the board.

36 (6) Complete the program sponsored by the American Academy
37 of Pediatrics in neonatal resuscitation, excluding endotracheal
38 intubation and the administration of drugs.

39 (7) Comply with the birth requirements of the Certified
40 Professional Midwife credentialing process, observe an additional
41 twenty (20) births, ~~be directly supervised by a physician for~~
42 **participate in twenty (20) births performed by a physician,**



1 assist with an additional twenty (20) births, and act as the primary
2 attendant for an additional twenty (20) births.

3 (8) Provide proof to the board that the applicant has obtained the
4 Certified Professional Midwife credential as administered by the
5 North American Registry of Midwives or a successor
6 organization.

7 (9) Present additional documentation or certifications required by
8 the board. The board may adopt standards that require more
9 training than required by the North American Registry of
10 Midwives.

11 (10) Maintain sufficient liability insurance.

12 (d) The board may exempt an applicant from the following:

13 (1) The education requirements in subsection (c)(2) if the
14 applicant provides proof to the board that the applicant is enrolled
15 in a program that will satisfy the requirements of subsection
16 (c)(2). An exemption under this subdivision applies for an
17 individual for not more than two (2) years. This subdivision
18 expires June 30, ~~2016~~. **2017.**

19 (2) The education requirements in subsection (c)(3) if the
20 applicant provides:

21 (A) proof to the board that the applicant has delivered over one
22 hundred (100) births as a primary attendant; and

23 (B) a letter of reference from a licensed physician with whom
24 the applicant has informally ~~collaborated~~. **consulted.**

25 This subdivision expires June 30, ~~2015~~. **2016.**

26 (3) The requirement that a physician directly supervise twenty
27 (20) births in subsection (c)(7) if the applicant provides:

28 (A) proof to the board that the applicant has delivered over one
29 hundred (100) births as a primary attendant; and

30 (B) a letter of reference from a licensed physician with whom
31 the applicant has informally ~~collaborated~~. **consulted.**

32 This subdivision expires June 30, ~~2015~~. **2016.**

33 SECTION 3. IC 25-23.4-3-5, AS ADDED BY P.L.232-2013,
34 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35 UPON PASSAGE]: Sec. 5. After July 1, ~~2014~~, **2016**, only an individual
36 who is issued a certificate under this article may use the title "certified
37 direct entry midwife".

38 SECTION 4. IC 25-23.4-3-7, AS AMENDED BY P.L.112-2014,
39 SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
40 UPON PASSAGE]: Sec. 7. (a) This section does not apply to an
41 individual who has a license under IC 25-23-1-13.1 to practice
42 midwifery as a certified nurse midwife.



(b) After June 30, ~~2015~~, **2016**, an individual who knowingly or intentionally practices midwifery without a certificate required under this article commits a Level 6 felony (for a crime committed after June 30, 2014).

SECTION 5. IC 25-23.4-4-1, AS ADDED BY P.L.232-2013, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) All the following must occur before a certified direct entry midwife may accept a client for midwifery care:

(1) The certified direct entry midwife must provide the potential client with an informed disclosure of practice form.

(2) The potential client must sign and date the form.

(3) The certified direct entry midwife must sign and date the form.

(4) If the potential client refuses a procedure or treatment required by law, the potential client must so indicate on a separate procedure or treatment form.

(5) The certified direct entry midwife must have an emergency plan for the care of the client if an emergency arises. As part of the emergency plan, the client must sign a release of the client's medical records that allows the certified direct entry midwife to provide the client's medical records to a physician if an emergency arises.

(6) Subject to rules adopted under IC 25-23.4-2-6(b)(5), the **client of a certified direct entry midwife must: have a collaborative agreement with a physician to provide for consultation and care for the client. The**

(A) have a physician for her pregnancy; and

(B) sign a release of the client's medical records to allow the certified direct entry midwife to have a copy of the physician's records of the client.

The name, address, and phone number of the physician must be recorded in the informed disclosure of practice form and in the client's medical record.

(7) A physician who is qualified in obstetrics and gynecology shall examine the client at least one (1) time during the client's first trimester, or at the earliest available time after the client's first appointment with the certified direct entry midwife, and one (1) time during the client's third trimester. The collaborating physician should be located in an area close to where the delivery will occur. However, if the client does not have a physician for her pregnancy at the time of her first appointment with the certified direct entry midwife, the certified direct entry midwife shall do the following:



(A) Advise the client to contact a physician within seven (7) days to schedule the client's first prenatal examination by the physician.

(B) Provide the client with a booklet prepared by the state department of health detailing possible consequences of not receiving prenatal examinations by a physician.

(C) Review the booklet provided in clause (B) with the client and then have the client sign and date a form acknowledging that the client has received the booklet and has reviewed the booklet with the certified direct entry midwife.

If the client refuses to receive the prenatal examinations by a physician, the client shall sign and date a separate form stating that the client understands and accepts the possible consequences of not receiving prenatal examinations by a physician.

~~(7)~~ (8) The certified direct entry midwife must provide the client with a list of options for additional screening and assessments, including visits to a physician.

~~(8)~~ (9) The certified direct entry midwife must maintain medical records on the client through the entire course of care and transfer the medical records to a treating physician if an emergency arises. The medical records must contain all the forms that are required under this subsection.

(b) A certified direct entry midwife may not have a minor as a client unless the minor's parent or guardian has agreed in writing to use the certified direct entry midwife and all other requirements of this article have been met.

(c) After receiving recommendations from the committee, the state department of health shall prepare the booklet required under subsection (a)(7).

SECTION 6. IC 25-23.4-4-3, AS ADDED BY P.L.232-2013, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. The informed disclosure of practice form must be in writing and must contain the following information:

(1) A description of the certified direct entry midwife's education and training in midwifery, including completion of continuing education courses and participation in the peer review process.

(2) The certified direct entry midwife's experience level in the field of midwifery.

(3) The certified direct entry midwife's philosophy of practice.

(4) Antepartum, intrapartum, and postpartum period conditions



requiring consultation, transfer of care, and transport to a hospital.

(5) The emergency medical backup plan, including the emergency plan and the ~~collaborative agreement with~~ **name, address, and telephone number of** a physician for backup care required under section 1 of this chapter.

(6) The services to be provided to the client by the certified direct entry midwife and that a physician is required to examine the client at least one (1) time during the client's first trimester and one (1) time during the client's third trimester.

(7) The certified direct entry midwife's current status of certification under this article.

(8) A detailed explanation of treatments and procedures.

(9) A detailed description of the risks and expected benefits of midwifery care.

(10) The availability of a grievance process in a case in which a client is dissatisfied with the performance of the certified direct entry midwife.

(11) A statement that if the client is advised by the certified direct entry midwife or a ~~collaborating~~ physician that the client is or has become at risk (as described in IC 25-23.4-6), the certified direct entry midwife:

(A) shall refer the client to a physician for consultation;

(B) may refuse to provide or continue care; and

(C) may transfer care of the client to a physician.

(12) A statement disclosing whether or not the certified direct entry midwife maintains liability insurance.

(13) That state certification of a certified direct entry midwife does not ensure that a home setting for delivery of a child is safe.

(14) A statement that the client understands that the client is waiving the right to sue a physician or health care provider for the acts or omissions of the client's certified direct entry midwife.

SECTION 7. IC 25-23.4-5-1, AS AMENDED BY P.L.2-2014, SECTION 107, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) A certified direct entry midwife must have a ~~collaborating agreement with~~ a physician licensed under IC 25-22.5 ~~Collaboration for each client, as provided by IC 25-23.4-4-1.~~ **under this chapter does not require the physical presence of the physician at the time and the place at which the certified direct entry midwife renders services.**

(b) Subject to rules adopted under IC 25-23.4-2-6(b)(5), a ~~collaborating~~ physician shall review the patient encounters that the certified direct entry midwife has with a patient who is the client of the



certified direct entry midwife:

- (1) at any time when requested by the physician; and
- (2) at the time of the client's visit with the physician during the first and third trimesters. at least the following percentages of the patient charts:

(A) For the first year that the individual is a certified direct entry midwife, one hundred percent (100%);

(B) For the second year that the individual is a certified direct entry midwife, fifty percent (50%);

(C) For the third year that the individual is a certified direct entry midwife, twenty-five percent (25%);

The physician shall document in the client's medical record clinical findings, recommendations, and test results from client visits with the physician. The physician shall copy the medical records and provide a copy to the certified direct entry midwife.

SECTION 8. IC 25-23.4-5-2 IS REPEALED [EFFECTIVE UPON PASSAGE]. Sec. 2: A physician collaborating with a certified direct entry midwife under this chapter shall do the following:

(1) Register with the board the physician's intent to collaborate with a certified direct entry midwife. The registration must include the following:

(A) The name, the business address, and the telephone number of the collaborating physician.

(B) The name, the business address, and the telephone number of the certified direct entry midwife.

(C) Any other information required by the board.

The registration must be updated annually.

(2) File the written collaborative agreement, which is signed by the certified direct entry midwife and the collaborating physician, with the board.

(3) Submit a statement to the board that the physician will collaborate with the certified direct entry midwife in accordance with the rules adopted by the board.

SECTION 9. IC 25-23.4-5-3 IS REPEALED [EFFECTIVE JULY 1, 2015]. Sec. 3: The collaborating physician may not have a disciplinary action restriction that limits the physician's ability to collaborate with a certified direct entry midwife.

SECTION 10. IC 25-23.4-5-4 IS REPEALED [EFFECTIVE UPON PASSAGE]. Sec. 4: A certified direct entry midwife shall notify the board of any changes or additions to the collaborating physicians not more than thirty (30) days after the change or addition.

SECTION 11. IC 25-23.4-5-5 IS REPEALED [EFFECTIVE JULY



1, 2015]. Sec. 5: The requirements for collaboration between a certified direct entry midwife and a collaborating physician under this chapter are subject to rules adopted under IC 25-23.4-2-6(b)(1):

SECTION 12. IC 25-23.4-6-2, AS ADDED BY P.L.232-2013, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. (a) If the certified direct entry midwife, physician, and client agree that the certified direct entry midwife may continue to provide services to the at-risk client, the certified direct entry midwife shall enter into a written ~~collaborative~~ **consultation** plan of treatment with the ~~collaborating~~ **consulting** physician.

(b) The ~~collaborative~~ **consultation** plan of treatment under subsection (a) must be in writing and include the following provisions:

- (1) The circumstances that would require consultation or referral with a physician.
- (2) The circumstances that would require transfer of responsibility for the primary care of the at-risk client.
- (3) The services to be provided by the certified direct entry midwife and the licensed physician.

SECTION 13. **An emergency is declared for this act.**



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1548, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 2, line 9, strike "In addition to the requirements under IC 25-23.4-5, adopt".

Page 2, line 10, strike "rules under IC 4-22-2 to provide for adequate".

Page 2, line 11, delete "consultation".

Page 2, line 11, strike "between a certified direct entry midwife and a".

Page 2, line 12, delete "consulting".

Page 2, line 12, strike "physician." and insert "**Adopt forms required to be used under this chapter.**".

Page 2, line 23, delete "consulting".

Page 2, line 28, delete "consulting".

Page 2, strike lines 29 through 30.

Page 2, line 31, delete "consult.".

Page 2, line 32, strike "(7)" and insert "**(6)**".

Page 2, line 35, strike "(8)" and insert "**(7)**".

Page 3, line 11, after "article" insert ";".

Page 3, line 11, delete "either:" and insert "a".

Page 3, delete line 12.

Page 3, line 13, strike "physician".

Page 3, line 13, delete "for the client".

Page 3, line 13, strike "as set forth in this article;".

Page 3, line 13, delete "or".

Page 3, line 14, beginning with "(B)" begin a new line block indented.

Page 3, line 14, delete "(B)" and insert:

"**(3)**".

Page 3, line 14, after "client" insert "**of the certified direct entry midwife**".

Page 3, line 14, delete "consulting".

Page 3, line 14, delete "." and insert ", as provided by **IC 25-23.4-4-1.**".

Page 3, line 41, strike "be directly supervised by a physician for" and insert "**participate in**".

Page 3, line 42, delete ", assist" and insert "**performed by a physician, assist**".



Page 5, delete lines 5 through 42, begin a new paragraph and insert:
 "SECTION 5. IC 25-23.4-4-1, AS ADDED BY P.L.232-2013,
 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 UPON PASSAGE]: Sec. 1. (a) All the following must occur before a
 certified direct entry midwife may accept a client for midwifery care:

- (1) The certified direct entry midwife must provide the potential client with an informed disclosure of practice form.
- (2) The potential client must sign and date the form.
- (3) The certified direct entry midwife must sign and date the form.
- (4) If the potential client refuses a procedure or treatment required by law, the potential client must so indicate on a separate procedure or treatment form.
- (5) The certified direct entry midwife must have an emergency plan for the care of the client if an emergency arises. As part of the emergency plan, the client must sign a release of the client's medical records that allows the certified direct entry midwife to provide the client's medical records to a physician if an emergency arises.
- (6) Subject to rules adopted under IC 25-23.4-2-6(b)(5), the **client of a certified direct entry midwife must: have a collaborative agreement with a physician to provide for consultation and care for the client. The**

(A) have a physician for her pregnancy; and

(B) sign a release of the client's medical records to allow the certified direct entry midwife to have a copy of the physician's records of the client.

The name, address, and phone number of the physician must be recorded in the informed disclosure of practice form and in the client's medical record.

(7) A physician shall examine the client at least one (1) time during the client's first trimester, or at the earliest available time after the client's first appointment with the certified direct entry midwife, and one (1) time during the client's third trimester. The collaborating physician should be located in an area close to where the delivery will occur. However, if the client does not have a physician for her pregnancy at the time of her first appointment with the certified direct entry midwife, the certified direct entry midwife shall do the following:

(A) Advise the client to contact a physician within seven (7) days to schedule the client's first prenatal examination by the physician.

(B) Provide the client with a booklet prepared by the state



department of health detailing possible consequences of not receiving prenatal examinations by a physician.

(C) Review the booklet provided in clause (B) with the client and then have the client sign and date a form acknowledging that the client has received the booklet and has reviewed the booklet with the certified direct entry midwife.

If the client refuses to receive the prenatal examinations by a physician, the client shall sign and date a separate form stating that the client understands and accepts the possible consequences of not receiving prenatal examinations by a physician.

~~(7)~~ (8) The certified direct entry midwife must provide the client with a list of options for additional screening and assessments, including visits to a physician.

~~(8)~~ (9) The certified direct entry midwife must maintain medical records on the client through the entire course of care and transfer the medical records to a treating physician if an emergency arises. The medical records must contain all the forms that are required under this subsection.

(b) A certified direct entry midwife may not have a minor as a client unless the minor's parent or guardian has agreed in writing to use the certified direct entry midwife and all other requirements of this article have been met.

(c) After receiving recommendations from the committee, the state department of health shall prepare the booklet required under subsection (a)(7).".

Page 6, delete lines 1 through 8.

Page 6, line 23, delete "consulting".

Page 6, line 38, delete "consulting".

Page 7, line 12, delete "consulting".

Page 7, line 13, after "client" delete "." and insert ", as provided by IC 25-23.4-4-1.".

Page 7, line 14, delete "Consultation".

Page 7, line 14, strike "under this chapter does not require the physical presence".

Page 7, strike lines 15 through 16.

Page 7, line 18, delete "consulting".

Page 7, line 23, delete "," and insert ".".

Page 7, line 23, strike "at least the following percentages of the".

Page 7, strike lines 24 through 30.

Page 7, line 31, delete "consulting".



Page 7, line 33, after "the" delete "consulting".

Page 7, line 33, after "The" delete "consulting".

Page 8, delete lines 12 through 16, begin a new paragraph and insert:

"SECTION 9. IC 25-23.4-5-3 IS REPEALED [EFFECTIVE JULY 1, 2015]. ~~Sec. 3: The collaborating physician may not have a disciplinary action restriction that limits the physician's ability to collaborate with a certified direct entry midwife.~~"

Page 8, delete lines 21 through 26, begin a new paragraph and insert:

"SECTION 11. IC 25-23.4-5-5 IS REPEALED [EFFECTIVE JULY 1, 2015]. ~~Sec. 5: The requirements for collaboration between a certified direct entry midwife and a collaborating physician under this chapter are subject to rules adopted under IC 25-23.4-2-6(b)(1).~~"

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1548 as introduced.)

CLERE

Committee Vote: yeas 10, nays 2.

HOUSE MOTION

Mr. Speaker: I move that House Bill 1548 be amended to read as follows:

Page 5, line 33, after "physician" insert "**who is qualified in obstetrics and gynecology**".

(Reference is to HB 1548 as printed February 17, 2015.)

BACON

